



# INDIANA STATE POLICE

## POLICE APPLICATION

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN  
(if applicable)

PERMANENENT ADDRESS \_\_\_\_\_  
STREET OR RURAL ROUTE APT. NO.

\_\_\_\_\_  
CITY COUNTY STATE ZIP

TELEPHONE (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
AREA CODE AREA CODE EXT.

CELLULAR PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
COMPLYING WITH ALL PROVISION OF  
THE AMERICANS WITH DISABILITIES ACT.

## BASIC ELIGIBILITY REQUIREMENTS

1. Must be a United States citizen.
2. Must be at least 21 years of age and a maximum of 34 years of age when appointed as a police employee.
3. Eye requirement: correctable to 20/50.
4. Must possess a valid drivers license.
5. Must be willing, if appointed, to reside and serve any place within the State of Indiana.
6. Applicants must have completed at least 60 semester or 90 quarter hours of credit from an accredited college or university and have at least a 2.0 grade point average based on a 4.0 grading scale as evidenced by a certified transcript, or

Possess a high school diploma or GED, plus one of the following:

At least three years previous full-time paid, successful (sworn) law enforcement experience having graduated from a state accredited police academy (entry level law enforcement basic training curriculum), in which the essential job functions were performed at a satisfactory or above level, as witnessed by employer or documented by employee evaluations, or

At least two years of successful, active, military duty, honorably discharged or currently serving at the rank of E-4 (or its equivalent), or above, in a U.S. military service.

## INSTRUCTIONS

No exception will be made for anyone not meeting all requirements. Any application for police employment received in this office after competitive examinations begin shall be held until selections begin for the following Recruit Academy.

The application must be filled out by the applicant. It may be typed or printed in ink.

Answer all questions. If the question does not apply, state: "none" or "does not apply".

**DO NOT** enclose original birth certificates.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). In the event of any address or phone number(s) change, after filing your application, mail notification of said change to us immediately.

Applications will not be considered until complete in every respect. Incomplete applications will be returned to the applicant. Any misrepresentation of facts on the applications will disqualify the applicant.

Please do not make inquiry regarding the status of your application, as you will receive appropriate information concerning your application routinely and in due time.

Complete applications will be kept one full year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

**I. INITIAL REQUIREMENT DATA**

A. Are you a U.S. Citizen? \_\_\_\_\_ If no, explain on a separate sheet and attach documentation.

Social Security Number \_\_\_\_\_

(For background clearance and payroll information this number is required.  
The application **will not** be processed without it.)

B. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(Attach Copy of Birth Certificate)

**II. FAMILY DATA**

A. Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐

B. Spouse's Name (if applicable) \_\_\_\_\_

C. Dependents (if applicable)

NAME	AGE	RELATIONSHIP

D. If divorced, are you legally required to make child support payments? \_\_\_\_\_  
Are you current on child support payments? If no,  
explain. \_\_\_\_\_  
\_\_\_\_\_

**III. EDUCATION DATA (ATTACH TRANSCRIPTS FOR ALL)**

List information for high school and all accredited colleges/universities you have attended.

Name & Address of School	Course of Study	Number of Hours Completed	GPA on 4.0 Scale	Did you Graduate?	List Diploma Or Degree

#### IV. EMPLOYMENT DATA

- A. Have you ever been discharged or resigned to prevent being discharged from a position of employment?  
\_\_\_\_\_ If yes, please explain fully on a separate sheet.
- B. List chronologically (most recent employment first) all past and current employment including part time.  
(Use additional sheets if necessary.)

Name of Employer or Business \_\_\_\_\_

Your Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer or Business \_\_\_\_\_

Your Title \_\_\_\_\_ Duties \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving \_\_\_\_\_

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Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
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Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Reason for Leaving \_\_\_\_\_

Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State & Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**V. REFERENCES:** (Please do not list relatives as references)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Residences During The Last Five Years Other Than Present**

STREET	CITY	STATE	DATES	
			FROM	TO

**VI. LAW ENFORCEMENT EXPERIENCE**

A. Have you ever been employed by a police department? \_\_\_\_\_

Where did you complete your basic law enforcement certification program? \_\_\_\_\_

Date law enforcement training was completed \_\_\_\_\_

Did you receive a certification upon completion of training? ☐ Yes ☐ NO

Length of basic training: Total training hours \_\_\_\_\_ Weeks of training \_\_\_\_\_

AGENCY	DATES		RANK	REASON FOR LEAVING
	FROM	TO		

B. Are you eligible for re-hire? \_\_\_\_\_ If no, explain fully on a separate sheet.

C. List any specialty training you have received. \_\_\_\_\_

D. Were you ever disciplined? \_\_\_\_\_ If yes, explain fully on a separate sheet.

## VII. MILITARY HISTORY AND STATUS

- A. Have you ever served in the military on active duty? (Include initial active duty training with the National Guard and the Reserves.) \_\_\_\_\_ If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

- B. Are you eligible to re-enlist? \_\_\_\_\_ If no, explain fully on a separate sheet.

- C. List any citations and awards received. \_\_\_\_\_

- D. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty? \_\_\_\_\_  
If yes, explain fully on a separate sheet.

## VIII. VEHICLE CRASH AND ARREST RECORDS

- A. Do you currently possess a valid automobile drivers license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
License Number \_\_\_\_\_ State \_\_\_\_\_  
Has your drivers license ever been suspended? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

- B. List vehicle crashes in which you have been involved as a driver: Give date(s) and location(s).

DATE	LOCATION	WHAT HAPPENED

- C. Have you ever received a ticket for a traffic offense? \_\_\_\_\_ If yes, describe below:

DATE	LOCATION	CHARGE	FINE OR SENTENCE

D. Have you ever been arrested for a criminal offense? _____ If yes, describe below:			
DATE	LOCATION	CHARGE	FINE OR SENTENCE

E. Have you ever been convicted of a felony? \_\_\_\_\_ (If yes, explain on a separate sheet of paper)

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? \_\_\_\_\_ If yes, describe below.

DATE	LOCATION	CHARGE/OFFENSE	DISPOSITION OF CASE

G. Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court action? \_\_\_\_\_ If yes, explain fully on a separate sheet.

**X. MISCELLANEOUS**

A. Do you own your own home? \_\_\_\_\_ If yes, how much is current mortgage indebtedness? \_\_\_\_\_

B. What is the amount of your indebtedness, other than home? \_\_\_\_\_

C. Annual Income: Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

D. Are you a proprietor or part owner of any business or firm? \_\_\_\_\_ If yes, describe nature of business.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any licenses for this/these business(es) in your name, i.e., liquor license?

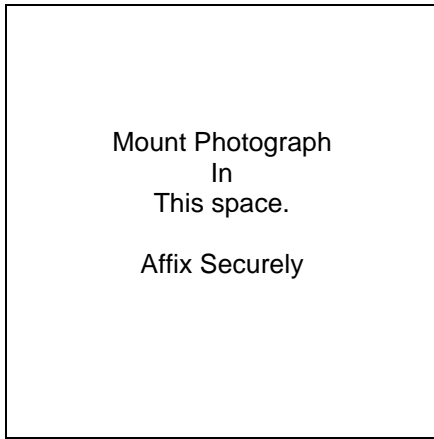
\_\_\_\_\_

\_\_\_\_\_

E. Have you ever applied for a permit to carry a handgun? \_\_\_\_\_ Reason \_\_\_\_\_

Status \_\_\_\_\_

\_\_\_\_\_



Photograph to be front view, head and shoulders, 2½ square, and taken within the past six months.  
**Other photographs are not acceptable.**

I certify that:

1. All required items are included with this application.
  - A. Birth Certificate (copy only)
  - B. High School and College Transcripts (Grade Reports are not accepted)
  - C. Military - DD214 (if veteran), DD217 (if active duty)
    - If active military, letter of endorsement from military commander
    - Any supporting letters of commendations from military personnel file
    - Copies of specialized training certificates and awards
  - D. Previous Law Enforcement Documentation
    - Copy of law enforcement academy certificate
    - Copies of performance appraisals from last three (3) years
    - Letter of endorsement from supervisor and law enforcement agency commander
    - Copies of commendations and awards
  - E. Photograph - 2½" x 2½" head and shoulders
2. I have personally completed this application.

I swear or affirm under penalty of perjury that all information contained in this application is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CHECK APPLICATION CAREFULLY. BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE MAILING.

**THIS APPLICATION WILL BE RETURNED TO YOU IF ALL INFORMATION IS NOT COMPLETED  
AND ALL REQUIRED DOCUMENTS ARE NOT ATTACHED**

Mail to:  
Commander, Human Resources Division  
Indiana State Police  
IGCN - 100 North Senate Avenue, Room N340  
Indianapolis, IN 46204-2259

**- AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER -**  
Complying with all provisions of the Americans with Disabilities Act